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ABSTRACT

Music therapy, the systematic application of music and musical activities to elicit specific changes in emotional, physical, or social behavior, can help pediatric cancer patients to decrease their anxiety and cope with hospitalization. Because music is a nonverbal means of expression, it is an especially effective medium for young children who are developmentally unable to verbalize their emotions. Music can create an atmosphere of play in which tension is released, stress is reduced, and self-expression occurs. Singing, instrument improvisation, and song writing allow children to express their feelings. Specifically, music therapy goals are designed to increase self-esteem, provide emotional support, encourage relaxation, provide a medium for creative self-expression, provide opportunity for control and independence, and maintain age appropriate development. The music therapist can enhance these opportunities by first developing rapport with the young cancer patient and then working with the team of health professionals involved in the patient's care and development. The music therapist may actually accompany the patients to various hospital treatments to teach and maintain relaxation techniques to help the child cope with anxiety and pain. Although it is still an uncommon service in pediatric hospitals, the benefits of music therapy are slowly becoming known to health care professionals. (CB)

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Music therapy in the interdisciplinary care of children with cancer

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RUNNING HEAD: MUSIC THERAPY AND CANCER

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Abstract

Helping pediatric cancer patients to decrease their anxiety and cope with their hospitalization are two of the primary roles of the music therapist as a member of the health care team. Singing, instrument improvisation, and songwriting allow children to express their feelings in a positive, non-threatening, and creative way. Through music-assisted relaxation, children learn effective techniques for coping with medical procedures. This paper discusses the goals of music therapy for children with cancer and describes the activities used to meet them.

Music Therapy in the Interdisciplinary Care of Children with Cancer

Hospitalization can be an extremely traumatic experience for children, both physically and emotionally. They often experience a great deal of anxiety, and the diagnostic and therapeutic medical procedures which children with cancer must undergo may further increase that anxiety. Music therapy is one medium to help these children to cope with their hospitalization and to decrease their anxiety through self-expressive, success-oriented activities and music-assisted relaxation.

Music therapy is the systematic application of music and musical activities to elicit specific changes in emotional, physical, or social behavior. It is an active process of interaction between therapist and child of singing, listening to, and creating music through which the child can express his/her feelings in a positive, safe, and creative way. Because music is a non-verbal means of expression, it is an especially effective medium for young children who are developmentally unable to verbalize their emotions. The inherent qualities of music, rhythm and melody, are captivating and reinforcing, which uniquely meet the child's need for creative expression and channelling anxiety. Music can create an atmosphere of play in which tension is released, stress is reduced, and self-expression occurs. Through involvement in music therapy, the child can utilize his/

her natural strengths and abilities to address areas of need to attempt to alleviate the emotional effects of hospitalization.

Because of their repeated hospitalizations and frequent medical procedures, children with cancer have some special needs. They include the need to:

1. Continue to participate in "normal" activities
2. Maintain age-appropriate development
3. Have an appropriate medium for self-expression
4. Have an opportunity for independence and control of the environment
5. Maintain or develop a positive self-concept
6. Have emotional support for repeated and potentially traumatic medical procedures
7. Develop appropriate mechanisms to cope with medical procedures

Because these needs are a significant aspect of children with cancer, they are reflected in their music therapy goals. When establishing goals for a child, the music therapist considers the child's needs as observed through the music therapy assessment, the recommendations of the treatment team, and the general needs of children with cancer. Based on these, the specific music therapy goals to be addressed include:

1. Decreasing anxiety regarding hospitalization, disease, and medical procedures

2. Providing an appropriate and creative medium for self-expression
3. Increasing self-esteem
4. Allowing opportunity for control and independence
5. Providing emotional support
6. Maintaining age-appropriate development
7. Encouraging relaxation prior to and during medical procedures

The most crucial step toward meeting the child's goals is to establish positive rapport between therapist and child. Depending on factors such as the child's age, personality, and parental behavior, this can be a very simple or quite a difficult task. Since the primary objective is to become acquainted with the child and to reassure him that the therapist is a "safe" person, non-threatening, highly successful activities are used. These include singing familiar and silly songs, instrument improvisation, cooperative instrument play, and simple songwriting.

Once rapport has been established, the therapist can begin to assess the child's reactions to hospitalization. What is he afraid of? What does he like and not like? What does he miss from home? These issues can often be revealed through songwriting techniques, some of which can be used successfully with children as young as five years. This enables even young children to create something tangible - an original song - of which they can be proud.

The goals of promoting self-expression, increasing self-esteem, allowing opportunity for control, and maintaining age-appropriate development are addressed throughout most of the music therapy session. Sessions are structured to allow the child maximum control within reasonable limits in order to encourage self-expression. Children are given choices regarding what songs to sing, what instruments to play, and how they will organize their original songs. Activities are designed to be successful for the child so that he/she can gain a sense of accomplishment which contributes to increased self-esteem. Self-expression through instrument improvisation, songwriting, and lyric discussion allows the child to express his/her feelings in a creative and appropriate way. Social skills and academic concepts are often reinforced through musical activities, as well, which can be important for preschoolers who seem to be so prone to regression.

One relatively new area which music therapy addresses is relaxation. This has been an exciting experience at U.T.M.B. because we have received such strong support from the pediatric residents, hematology/oncology faculty, and nursing. This is also the area in which interdisiciplinary communication is the most evident, as it requires nurses, physicians, and the music therapist to coordinate their plans with the child and his/her parents.

Research has shown that the frequent bone marrow aspirations

and lumbar punctures which children with cancer must undergo are significant sources of acute anxiety and distress and that most children do not habituate to repeated procedures. Consequently, many children respond with nausea, aggressiveness, and non-compliance. Music-assisted relaxation is used with many children aged five to sixteen years as a coping technique for their medical proceudres. If the physician or nurse feels that a child is having excessive difficulty during lumbar puncutres or bone marrow aspirations, he/she may consult music therapy to work with that child.

The first step in teaching relaxation is to establish rapport with the child. It is essential that the child perceive the music therapist as a "safe" person, and for this reason, most children who are seen for relaxation are also seen for general music therapy. Once rapport has been established, the therapist determines which relaxation method is most effective for that child. This is done primarily by trying various techniques during practice sessions. These techniques include: breathing exercises, guided imagery, self-initiated imagery, and progressive muscular relaxation. In all of these methods, recorded music is used as an auditory focal point or distractor.

Music is selected on the basis of the child's preference, as well as what the therapist feels would be most appropriate. During practice sessions, excerpts of various recordings are played, and the child rates them. The music which we have found to be most

effective are recordings by Steven Halpern, George Winston, and various baroque composers. It is important that the music have a fairly constant tempo without much fluctuation in volume, instrumentation, or rhythm to be most conducive to relaxation.

Most children require a few practice sessions of relaxation before it is effective during medical procedures. Parents are encouraged to practice with their children at home, as well. This not only benefits the child, but also gives the parents a concrete way to help their child at a time when they may feel completely helpless.

Approximately thirty minutes prior to the procedure, the physician or nurse calls the music therapist. If the child is receiving sedation medication, the therapist may help him to fall asleep by singing and playing quiet songs on the guitar. This live music is good because there is interpersonal contact between the therapist and child which seems to be beneficial, especially for children who "fight" their sedation. If the child is not being sedated, the therapist may do some muscular relaxation or guided imagery exercises. For some children, involving them in lively musical activites as a medium for channelling their anxiety is most effective.

The music therapist accompanies the child to the treatment room and remains at his/her side throughout the procedure. A tape player with the child's music is usually placed on the floor and the music played at a moderate level. Due to the child's positioning

and the physician's request (many report the music relaxes them, as well), headphones are not used. During the procedure, the therapist encourages the child to relax through breathing exercises or guided imagery, offers emotional support, and may also explain the procedure in positive, understandable language.

After the procedure, the therapist accompanies the child back to his/her room. If the child needs to sleep, the therapist may sing quietly or play recorded music. If the child was not sedated, he/she may need more active activities for energy release, such as instrument play. Songwriting is often used after procedures, either immediately or the following day, as a way to process the events and ventilate emotions.

Music therapy has proved to be an effective therapy for children with cancer at the University of Texas Medical Branch. Although it is still an uncommon service in pediatric hospitals, the benefits of this unique therapy are slowly becoming known to health care professionals. Children with cancer have many special needs, and music therapy can assist these children in coping with their illness and in helping hospitalization to be a positive and growth-producing experience.